

SERVICE REQUEST FORM

TO: INDIANA DEPARTMENT OF INSURANCE
AGENT LICENSING DIVISION
311 WEST WASHINGTON, SUITE 300
INDIANAPOLIS, IN 46204-2787

FROM: _____
Name of Individual or Agency

Mailing Address (Street, P.O. Box, etc.)

City State Zip

Social Security or FEIN Number

OPTIONS (You may choose more than one)

| | |
|---|--|
| 1. Change of Residence Address and/or Phone Number <input type="checkbox"/> | 5. Request Letter(s) of Clearance <input type="checkbox"/> |
| 2. Change of Name <input type="checkbox"/> | 6. Request Letter(s) of Certification <input type="checkbox"/> |
| 3. Correct Social Security Number <input type="checkbox"/> | 7. Request Duplicate License(s) <input type="checkbox"/> |
| 4. Change of Business Address and/or Phone Number <input type="checkbox"/> | |

NOTE: THE AGENT MUST SIGN THE BACK OF THIS FORM WHERE SHOWN

1. ☐ CHANGE OF RESIDENCE ADDRESS AND/OR PHONE NUMBER

Note: State law requires you to notify us when your residential or business address changes. Failure to do so may result in revocation, suspension or other disciplinary action.

| <u>PRIOR ADDRESS</u> | <u>NEW ADDRESS</u> |
|-----------------------------------|-----------------------------------|
| _____ Street Address Required | _____ Street Address Required |
| _____ P.O. Box (If Applicable) | _____ P.O. Box (If Applicable) |
| _____ City State Zip | _____ City State Zip |
| () _____ Phone Number | () _____ Phone Number |

2. ☐ CHANGE OF NAME

Name as currently in our records (Last, First, Middle)

New Name to appear in our records (Last, First, Middle)

3. ☐ CORRECT SOCIAL SECURITY NUMBER TO:

Note: You must attach photocopies of at least 2 forms of identification confirming the number you provide below.

--

Social Security Number or FEIN _____

Agent's or Agency's Name _____

4. ☐ CHANGE OF BUSINESS ADDRESS AND/OR PHONE NUMBER

Note: State law requires you to notify us when your residential or business address changes. Failure to do so may result in revocation, suspension or other disciplinary action.

| <u>PRIOR ADDRESS</u> | | | <u>NEW ADDRESS</u> | | |
|-----------------------------|-------|-----|---------------------------|-------|-----|
| Business Name | | | Business Name | | |
| Street Address | | | Street Address | | |
| P.O. Box (If Applicable) | | | P.O. Box (If Applicable) | | |
| City | State | Zip | City | State | Zip |
| () Phone Number | | | () Phone Number | | |

5. ☐ REQUEST LETTER(S) OF CLEARANCE

Note: You must return original license(s) to the Department before a Letter of Clearance will be issued. Please enclose a stamped self-addressed envelope of sufficient size to hold the material requested.

I have moved from Indiana to the State of _____. Please cancel all my existing Indiana resident insurance licenses and send me a Letter of Clearance.

6. ☐ REQUEST LETTER(S) OF CERTIFICATION

Note: Please enclose a stamped self-addressed envelope of sufficient size to hold the material requested.

How many copies? _____

If you will be furnishing these Certifications to other states, please list states below:

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. ☐ REQUEST DUPLICATE LICENSE(S) (\$10.00 FEE REQUIRED)

| License Type | Reason for Request |
|--------------|--------------------|
| | |
| | |
| | |

Note: The fee for a duplicate license is \$10.00 (personal check, cashiers check or money order). Do NOT send cash. Requests for duplicate license(s) will not be processed unless a fee is received.

| | |
|---|------|
| Signature of Agent or Officer/Principal of Agency | Date |
|---|------|